MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030093

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7632 — STATE FILE NUMBER 63-030093

FILED AUG 1 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Spanish Lake, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 12127 Valencia — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Baby Girl — Middle — Last: James

4. DATE OF DEATH: Month: July — Day: 24, — Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/24/63

9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): St.Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Ralph James

13b. MOTHER'S MAIDEN NAME: Olivia Sherman

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address: RALPH JAMES 12127 VALENCIA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Anemia – Hydrops — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 28 weeks Gestation
DUE TO (c): Termination to Rh Factor

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 770.5

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Birth to Death and last saw her him alive on 2 hrs
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard Mauberman M.D.

22b. ADDRESS: 634 N. Grand

22c. DATE SIGNED: July 25, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/25/63

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): St.Louis

24. FUNERAL DIRECTOR ADDRESS: Stroot-Carroll 4600 Nat.Bridge

25. DATE RECD. BY LOCAL REG.: JUL 25 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	24003	3	8/
3			
4	1		
5	0		
6			
7	0		
8	2		
9			
10			
11			
12	74.0		
13			

74

BY AFFIDAVIT OF ... DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Dr Mackerman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Strock-Carroll Funeral Home
John E. Clifford Sager

Licensed Embalmer No. _____

P. O. Address Laurel Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.